FMS Foundation Newsletter

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A decline in public respect

for the presumption of in-

nocence is no minor matter.

A society that lets a notion

like "recovered memory"

gain such force that it over-

whelms its most basic judi-

cial principles has waded

into deep and dangerous

Trial by Accusation

December 1, 1993

Editorial, Wall Street Journal

December 7, 1993

waters.

Dear Friends,

If the treatment of False Memory Syndrome by the mainstream print media is indicative, a qualitative and critical change has occurred. Not only have there been many more articles, they have shown increased depth and understanding of the issues and increased compassion for those caught in the FMS nightmare—accused and accusers. The

articles in the November 29 issue of Time magazine by Leon Jaroff, Paul Gray and Jeanne McDowell set a landmark in public awareness by placing the phenomenon in the perspective of the ongoing debate on the foundations of psychoanalysis and our cultural beliefs.

There were four events this past month that prompted the giant step in the number of articles: (1) Protests at McGill University in Montreal which prevented Dr. Harold Lief from delivering a talk about FMS, resulting in articles about the value of free speech; (2) The accusation against Cardinal Bernardin by Steven Cook of Philadelphia (based on repressed memories that were recovered in therapy one month earlier), resulting

in articles about the nature of memory and repression; (3) The acquittal of Dale Anthony Akiki who had been in jail for more than two years in a day-care case in San Diego, resulting in articles suggesting that the verdict may have broad implications for such cases nationwide where memories of very young children are called into question; (4) A multi-million dollar lawsuit filed by a former client against a well-known Chicago psychiatrist, resulting in articles questioning satanic ritual abuse therapy and the emergence of alter personalities in therapy.

The change in mainstream media is significant and contrasts to the lack of factual accuracy and the virulence of ad hominem attacks found in survivor newsletters and some

Canadian publications. People who are unable to deal with issues are resorting to the spread of unsubstantiated accusations in an effort, we suspect, to deflect criticism and discredit the Foundation.

The media attention has generated an avalanche of calls and letters to the Foundation, more than 200 calls a day. Most calls come from devastated families who don't understand why someone they love is behaving in such a strange cruel way and refusing to talk to them. This month we received many more calls from the following three categories: people questioning their memories,

spouses of people with memories, and students writing papers on recovered memories. The other change that we see is that a higher percentage of families tell us that they are being sued.

Because we lack funding to return calls to 7,500 families, we have changed our procedures. A caller selects a category in which to leave a message. Within 24 hours we mail a starter packet containing information about the foundation, an article order-form, the phone number of a contact

in the state, and a short survey. This is followed up with information sent back to us from the state contacts and with phone interviews. Because of the increased volume of calls of all types and because of the lack of a necessary increase in funding, we now sample and report documented and potential families separately.

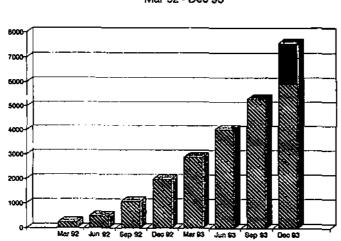
Will this change affect the comments of our critics? "The FMS Foundation is an organization that represents the views of child molesters," claimed a lawyer on CBC Morningside on November 25. Only ten percent of the people contacting the FMS Foundation are innocent according to Judith Herman, M.D. None of the critics of FMSF has

yet come to the office to look at the reports we have on file or to interview the families. How do they know? We have never claimed to know what went on in other people's lives decades ago. The people who contact FMSF ask for help to get their cases investigated. They say that they want the rigor of an inquiry. To accuse families and then to refuse to investigate is, of course, a witch hunt.

After reading the following letter, we confess to an intense desire to ask our critics if perhaps the professional organizations are guilty of harboring poor therapists.

(with permission) November 10, 1993 Ms. Barbara Kaufman, Chairperson NASW National Committee on Inquiry Washington, DC 20002-4241

Number of Cases Documented* Mar 92 - Dec 93



Dear Ms. Kaufman:

Your 10/21/93 letter reporting the National Committee's rejection of our complaint against two of your members came as a shock to us. It failed to answer the questions: did these social workers act unprofessionally, in violation of the NASW Standard of Ethics?

You wrote: "The Committee noted that a directly affected party could have filed a complaint and thus that you have no standing as complainants." Actually, there are three directly affected parties in this case, the daughter and her parents. The complaint was filed by parents accused of child-hood sexual abuse of their daughter—on behalf of a daughter who is disabled by manic depression.

"I think a brain researcher at this

point has little to say about

repression. There's no part of the

brain that's been demonstrated to

be the part that represses. There's

no specific electrical activity that

has been discovered that's related

to repression. There's nothing that

a brain researcher can do to show

me an anatomical place right now

or an electrical action right now in

the brain that corresponds to

Lenore Terr, M.D.

Testimony at Akiki trial

repression."

You wrote: "No evidence was submitted that a representative complainant was necessary because of incapacity or unavallability of the allegedly affected person." Quite the contrary, our daughter has been incapacitated for many years because of emotional instability and she relies on Social Security Disability. Evidence of this was submitted in more than 20 pages of information with letters from lifelong acquaintances of our family, recounting her hospitalizations and therapies with various professionals. Following the social workers' misdiagnosis of her problems, she was wrongfully subjected to months of intense therapy to elicit false memories of childhood sexual abuse. You should know that the American Medical Association has described these techniques as being "fraught with problems of potential misapplication."

And finally, you wrote: "Nor did you persuasively demonstrate that you were personally harmed by the alleged actions of the respondents." We find this statement so callous as to be almost unbelievable. Did nothing of what we wrote convey any sense to your Committee of the acute agonies suffered by parents, ages 81 and 84, in a two-year ordeal arising from social workers' uncorroborated charges that we sexually abused our daughter as a

child?

In conclusion, your Inquiry Committee's refusal to act on our complaint seems to be based on arguments that might be expected from a firm of defense lawyers on behalf of their therapist clients—an attack on the complainants rather than an answer to the complaint.

We would not have expected such an insensitive judgment by a Committee representing a profession dedicated to the compassionate concern of solving human miseries.

Do you not have any answers to the questions we raise?

If a medical product or procedure had received more than 7,000 complaints, it would be taken off the market. When more than 7,000 complaints come from families about the radical

untested mental health treatment of a relative for a condition that the patient did not have and that resulted in dismemberment of that individual, the therapeutic community response is to accuse families and FMSF. This past week we listened to two doctors say that it is the FMS Foundation that is causing a loss of credibility of psychiatry. They seemed to think that if FMSF disappeared, there would be no problem.

Here are some comments from professionals (Cape Cod Register, November 18, 1993).

Ms. Morosini-Heilman, a psychotherapist from Hyannis "cautioned that the FMS Foundation should be viewed with suspicion because it was formed primarily by accused parents, some of whom may themselves have repressed memories."

Brewster psychotherapist Lin Hood-Glidden described FMS as "a neat and nifty way for society to continue the denial it's held onto so fiercely over the years. I don't believe in false memory syndrome."

Doug Frizel, the American Psychological Association's media relations manager has said, "It's a name casually applied to a phenomenon. There is no such thing in science."

As media relations manager, does Frizel speak for the

APA? What about the task force set up to study the question? Has the APA already taken a position?

It's December. We should be making reference to the holiday season but we do not. We do not want to tell families how they can cope with the empty chairs, the returned presents, the heartache. To us that seems like putting a band-aid on a finger when our hearts have been ripped out and left gaping. This situation should not exist. Therapists have advised families to, Get on with your lives. Most of us have done that. Enjoy what you can. We travel and indulge ourselves. Have a funeral for your children. Although their behavior is thoroughly unacceptable, our children are alive, held prisoners and crippled by their "recovered memories." These are our children and we love them and we want them back. We expect to fill the chairs, embrace our children and restore our hearts and our lives. We will settle for nothing less, and we will do whatever it takes to achieve that.

Last year we knew only a handful of families who had reunited by Christmas. This year we know of hundreds of

families that have taken that first step. It is possible. The pattern of return without any talk of the accusations is almost universal. How can people ever talk about such a monstrous mistake? If it were not for the sadness and the waste of resources, the FMS phenomenon is almost whimsical in an Alice in Wonderland sort of way. We have a whole culture that has accepted the notion that the proof that something happened is that the person forgot it. We all contribute to a culture in which credible publishers and academics take memories of satanic ritual conspiracies and space alien abductions seriously but dismiss memories of fairy abductions (which were believed in for many years). Silly is a word that comes to

mind. If we can see the silliness that has affected us all, will it help families talk about the hurt, the embarrassment and the love?

Sex abuse is real and it is tragic. A society that loses its critical thinking ability, however, is not able to remedy the horror of abused children. If people really care about helping children and women, they will demand that care be used in everything that pertains to their welfare.

Best wishes for the holidays.

Pamela

NATIONAL FMSF PROGRAM Memory and Reality

June 3 - 5, 1994 Kansas City

Continuing Education Credit Approved Look for details in the January newsletter.

Speakers will include members of the FMSF Advisory Board. Sessions will be held Friday through Sunday noon to be followed with a public lecture Sunday afternoon.

FMSF ADVISORY BOARD MEETING Where do we go from here?

On the weekend of November 20th, eleven members of the FMSF Scientific and Professional Advisory Board met with Directors and Staff. The purpose of the meeting was to discuss the direction of Foundation efforts. The executive director opened the discussion with the suggestion that perhaps it was time for FMSF to close its doors since it has achieved several of its initial goals: understanding the problem and bringing it to national attention. This idea was unanimously and vigorously defeated.

The day and a half discussion covered many topics. The consensus of the meeting was that FMSF should increase the level of support to families and initiate professional education efforts. In addition, the members of the Advisory Board said that they would invite the more than 3,000 professionals who have contacted the Foundation to take an active and formal role in support of the Foundation. We are working on the best mechanism for achieving this. Advisory Board members also set some research and publication objectives for themselves.

The June 3-5 Memory and Reality Conference in Kansas City is a concrete result of this meeting. Increased support to families will require intense increased fund-raising efforts.

We thank the members of the FMSF Scientific and Professional Advisory Board for their outstanding support. In some survivor newsletters it has been stated that FMSF pays the members of its board. To the contrary, board members make substantial donations to the Foundation both in time and money. While professionals are aware of the awesome reputations of members of the FMSF Board, some families may not realize that we are supported by the most prestigious memory researchers and clinicians in the world. It is the presence of the Advisory Board that has given our efforts credibility.

WE NEED YOUR HELP

At one year and nine months, FMSF is still a new organization. With the number of families and professionals doubling on a regular basis, daily operations can be quite challenging. An organization such as ours which relies so much on volunteer help needs to plan carefully to maintain a level of professionalism. An organization in which most of the members don't want to have their predicament made public has unique hurdles and problems. Our strengths far outweigh the problems. The phenomenon has affected especially talented and caring people who see beyond their own personal tragedy to the need to goad a change in the mental health system. Following are some suggestions:

•Send us your story. These are archived as documen-

tation of this phenomenon.

•Make yourself known to your state contact. If you don't know who that is, call us for the information.

•Become an expert. Read. Study. Inform yourself. Information is power.

•Attend meetings with families, professionals and retractors. Families and retractors tell us that after the initial phone call to

"In every new and smart disease, From housemaid's knee to heart disease, She recognized the symptoms as her own!"

Guy Wetmore Carryl (1873-1904)

the office, this is the most important step they have taken to help cope with the loss and accusation. It is through the collective efforts of local groups that change is taking place.

•Pay your dues. FMSF is a small organization that relies on dues and contributions. Take advantage of matching gifts from employers. Some families have sent us donations that would have gone for holiday gifts to accusing children. Let us know if there are any organizations with which you have contact that might help us increase the level of support to families. Organizations that help the elderly (yes that's us!) and organizations concerned with mental health issues must be informed about the desperate situation of families affected by FMS.

•Write letters. This is something that every person must do if others are to know what is going on. Letters to the media are essential—not just letters of complaint but also letters of thanks when a job is well done. Inform doctors, lawyers, educators and professional organizations in your community and also local and national representatives. Arrange for a talk by yourself or a professional at other organizations you belong to. Unless you tell them, people will not be aware of this nightmare.

*Spend a vacation in the FMSF office. The help that we have received from volunteers who come to Philadelphia is fantastic. Frank, who recently retired and whose daughter has retracted, has spent three months helping with bookkeeping. He returns to his home in Massachusetts for long weekends. Marjorie, recently widowed, is coming south (!) for three months to help us coordinate Canadian families. Carol and Milt came from Maryland for two days last week. Chris has come from Michigan several times to help and we've had visitors from as far away as Utah and Arizona. Many many people come for the day. There is work for everyone. We could not function without the help of our volunteers both in the office and across the country.

•Send us articles, tapes, fliers. The library that we are building is in almost constant use by reporters and students. While it is often difficult to see what is happening from one vantage point, when we put together all the brochures and articles that you send, we begin to see the scope and direction that this phenomenon is taking. Some people hesitate to send things that are critical for fear of hurting our feelings. Don't worry. Critical material is vitally important. It lets us know what the concerns are. We do not have a clipping service. We depend on you. In fact, clipping services would not examine free material at places like supermarkets—a great place to gauge opinion. Please remember to include the date and source of anything that you send,

more on WITCH HUNTS

Are we experiencing a witchhunt? If we define a witch hunt as a situation in which accusations are made and the accused cannot defend themselves, the answer must be "ves."

The incident at McGill is an extreme example of witch hunt behavior. Dr. Harold Lief was invited by the Department of Psychiatry to give a public lecture on FMS to be followed the next day with professional seminars. Impassioned by

headlines such as "Hospital brings 'incest lobby' to Montreal" (Peter Scowen, November 11, 1993, Mirror) letters and phone calls protesting his visit flooded the Department of Psychiatry at McGill. Dr. Lief even received threats at his home. On the night of the scheduled lecture, protesters in the audience yelled, waved noisemakers and set off a stink bomb. Dr. Lief was not allowed to speak even though, when asked, a majority of those present said they wanted to hear him. The prevention of the free exchange of ideas is totalitarianism, nothing less. Is the idea that some memories are true, some a mixture of fact and fantasy and some false such a threat?

The next day protesters again entered the hospital, blocking its hallways and thus the orderly management of the hospital. The banner they carried read, "Lesbians and Dykes against DR. LIEf." An overreaction? To anyone who knows the accomplishments of Dr. Lief in the area of Lesbi-

an and Gay rights, a more inappropriate target could not have been selected. The unthinking absurdity of the Lief incident is a terrible embarrassment to women, McGill, and Canada.

To give an indication of the climate in Canada, the McGill Daily, the student newspaper (Nov 10, 1993) had the following headline, "False Memory Syndrome, an evening of backlash and questionable science." In the article by Marie-Josee Johnston, which actually slandered the FMSF director, the following appeared: "Don't be fooled, says the FMSF—the real victims are not abused children, but innocent parents accused of heinous crimes." The author states that "FMSF is directed specifically at the media, and is

dedicated to disseminating disinformation on incest to support their cause." (McGill Daily, 3490 McTavish St, Montreal, QC, H3A 1X9)

Another example this month of a witch hunt climate comes from testimony of Lenore Terr, M.D. in the Akiki case. Under oath, Dr. Terr testified that, "The False Memory Syndrome Foundation is a political action group out of Philadelphia run by a woman whose own child has accused her of sexual abuse." The False Memory Syndrome Foundation is a 501 (c) (3), not a political action group (PAC). The executive director of FMSF, has no knowledge that she had ever been accused of sexual abuse. What is the accusation exactly? What a strange way to find out about it. Perhaps the organization S.O.U.P.! that we mentioned last month is busy at work. For \$10.00 S.O.U.P.! will inform employers, neighbors and others that a person is a "perp." The person requesting this service may remain anonymous.

9 p.m. (USA) Dying to Remember. A woman discovers during hypnotherapy that she was murdered in a former life. Is it a good idea for her to try to solve the crime? Stars Melissa Gilbert, Ted Shackelford and Christopher Stone. (120 min.) TV Week, Nov 28.

MEMORY BUSINESS

A lawyer in Minnesota called to say that he represented a 90 year old man being sued by his 63 year old daughter for alleged abuse taking place 57 years ago. The lawyer asked, "Is this what the people who changed the statute of limitations had in mind?"

"Advanced estate planning, that's what it is," said another lawyer. If the child gets the money through a court indepent there will be no estate taxes

judgment, there will be no estate taxes.

An article in Long Island Newsday, November 28 by Glenn Kessler is the first we have seen that addresses some of the economic issues. Kessler noted, "Insurance companies report an astonishing rise in claims for post-traumatic stress disorder or multiple personality disorder, almost all of which cite childhood sexual abuse as the cause." According to Allen Savitz, senior vice president of Human Affairs International, the mental health arm of Aetna, "claims for

post-traumatic stress disorder have risen fivefold in the past five years, and 10 times as many multiple personality disorder claims are received than 10 years ago."

Kessler also described a situation in one managed health care group in which thirty percent of the mental health costs were used by less than one percent of the participants. Two group-practitioners racked up nearly \$2 million in costs in just a year. Most of this was for repressed memories and multiple personality.

The court records of the suit by Dennis Schwiderski against his former therapist show that the oil executive and his insurance carrier spent more than \$2 million over 10 years for treatment for repressed memories of being involved in satanic cults.

We wonder if and how the financial aspects of FMS will intersect with sevencurrent Federal Bureau of Investigation investigations of private mental hospital chains.

Incest Support Network Closes

According to an AP report on November 11, Marilyn Van Derbur Atler's incest support network which once claimed to help 500 incest victims a week, is closing its doors because it cannot raise needed funds. According to Ms Atler, "People want to give money to children, but many adults—even if they don't say these words—think, 'It happened a long time ago, get on with your life."

IgNobel Prizes

On October 7 at MIT the IgNobel prizes were awarded. According to Steve Nadis in the October 14 issue of Science, "These prizes, which are as feared as their Stockholm counterparts are coveted, are awarded for research that 'cannot or should not be reproduced.'" Nadis went on to note that "the prize for psychology went to John Mack of the Harvard Medical School and David Jacobs of Temple

The Fundamental Truths of Psychiatry.

The most valuable lesson psychiatry has taught me is the importance of listening to my instincts, of reading between the lines. This basic lesson takes on profound significance in view of a second fundamental truth of psychiatry: People will not always tell you the whole truth.

Sandra Prager, M.D.
Third-year resident at the Menninger School of Psychiatry.

"False Memory Syndrome Furor"

Psychiatric Times

November 1993, page 11

We are relieved that the author of these central insights into her profession is a critic of FMSF. A representative of the Menninger School has sent a letter to Psychiatric Times to say that Dr. Prager's views about FMS do not represent the views of that institution.

University for lending credence to the notion that thousands, if not millions, of people have been abducted by aliens from outer space. Neither Mack not Jacobs was there to accept the honor, but an alleged assistant attorney general took the stage, reminding the audience that "kidnaping is still a federal offense."

CHICAGO PICKETS

In November, families and professionals in Chicago held a meeting. People attending had to go past pickets from the Northwest Action Against Rape. The protesters were invited to attend the meeting and at least two did venture in. We wonder if what they heard matched with their preconceptions. We noted that the women left when Laura, a retractor, started her speech by saying that her experience

was not about child abuse, but rather bad therapy.

The signs that the pickets carried held the following messages:

Memories are real.
Memories are not fantasy.
FMSF fanatics mistreating survivors.
Incest is not imagination.
Try Truth.

"Multiple Personalities: The Experts are Split" by Chi Chi Sileo in *Insight*, October 25, 1993. This article gives a concise review of the issues dividing the mental health community about MPD. An interesting observation in this article is that "Almost everyone who is an avid believer in the prevalence of multiple personality disorder is also an avid believer in satanic cults." What would this mean if confirmed by empirical evidence?

"Defining Deviancy Up" by Charles Krauthammer November 22, 1993, in The New Republic. This article examines our changing definitions for "deviancy" both over time and within populations. Some of the article directly

addresses issues of abuse.

"Child abuse is both a crime and a tragedy, but is it

nineteen times more prevalent today than it was thirty years ago? That is what the statistics offer. In 1963: 150,000 reported cases. in 1992: 2.9 million."

"Now, simply considering the historical trajectory of the treatment of children since the nineteenth century, when child labor—even child slavery—was common, it is hard to be-

lieve that the tendency toward improved treatment of children has been so radically reversed in one generation."

"Plainly it hasn't. What happened then? The first thing that happened was an epidemic of over-reporting. Douglas Besharov points out that whereas in 1975 about one-third of child abuse cases were dismissed for lack of evidence, today about two-thirds are dismissed. New York state authorities may have considered it a great social advance that between 1979 and 1983, for example, reported cases of child abuse increased by almost 50 percent. But over the same period, the number of substantiated cases actually declined. In other words, the 22,000 increase of reported cases yielded a net decrease of real cases.

"Note the contrast. For ordinary crime, to which we have become desensitized, we have defined deviancy down. One measure of this desensitization is under-reporting: nearly two out of every three ordinary crimes are never even reported. Child abuse is precisely the opposite. For child abuse, to which we have become exquisitely over-sensitized, deviancy has been correspondingly defined up. One of the measures of over-sensitization is over-reporting: whereas two out of three ordinary crimes are never reported, two out of three reported cases of child abuse are never shown to have occurred."

"The helping professions, committed to a belief in endemic abuse, have encouraged a massive search to find cases, and where they cannot be found, to invent them."

"If your life shows the symptoms. In a popular culture saturated with tales of child abuse paraded daily on the airwaves, it is not hard to suggest to vulnerable people that their problems—symptoms—are caused by long-ago abuse, indeed, even unremembered abuse. Hence the reductio ad absurdum of the search for the hidden epidemic: adults who present themselves suddenly as victims of child abuse after decades of supposed amnesia—the amnesia reversed and the memory reclaimed thanks to the magic of intensive psychotherapy."

you know. I haven't remembered any specific instances yet, but ALL of my therapists agree that something happened."

from the film Single White Female

"Oh, and I'm an incest survivor,

SCIENTIFIC EVIDENCE

What is the type of evidence that mental health professionals will accept about the validity of repression? Who can contribute to this debate? We found the following courtroom testimony of interest:

Q. In terms of false memory, are there professional psychologists and psychiatrists who are debating the actuality of repressed memory, yes or no?

A. Yes.

- Q. And among that debate is there some question about the scientific validity of the theory of repression, yes or no?
- A. Yes. But I think that they are wrong. They are not clinicians, and they are not entitled to make that decision.
- Q. Is it your position that only clinicians can make a decision concerning the scientific foundation of psychiatric or psychological principles?
- A. Not all principles, but repression is a clinical principle, and I thought we were talking about repression.
- Q. Is it your position that repression can only be addressed by clinicians and not by researchers?
- A. The kind of researchers that are bringing this to question, sociology researchers, researchers who are doing cognitive psychology experiments, are not the ones who can make a value judgment on repression. It is the clinicians who can.

Lenore Terr, M.D. Akiki Trial Testimony

VALUABLE ARTICLES

There were too many insightful articles about memory, FMS, and our culture this month to even attempt to list them all now. We will add them to our article order as quickly as we get permission to do so. We will mention just two:

From our Readers

If my daughter were sexually assaulted or raped by anyone, I would prosecute the perpetrator to the fullest extent of the law. If a therapist using introspective therapeutic techniques created a memory in my daughter that never happened, then that therapist is guilty of a crime equal to a real perpetrator, and justice would demand that the therapist be prosecuted to the fullest extent of the law.

A Father

rather than vice versa.

We quite literally "make up

stories" about our lives, the world,

and reality in general. Often it is

the story that creates the memory,

Robyn Dawes, December 1993

Mirabella,

In January of 1990, our daughter called us and asked if

we would meet with her and her husband after church. We knew that they had been having marriage problems. My daughter was seriously overweight and her husband had had an affair. They had been seeing a Christian marriage counselor and we thought that she was going to let us know that things were improving.

We said 'Yes,' of course, and made plans to meet them. My

daughter had always been very close to me and her dad. In fact, she had recently nominated her dad as 'Father of the Year' in our town.

Imagine our shock when instead of talking about her current life, she sat reading from a paper that she had been sexually abused from age 5 to 13 by her dad and that I had failed to protect her. She read that she wanted x amount of dollars for the past therapy and x amount of dollars for the next two years that she would need for therapy.

A Mom

I get so depressed. I have lost over 30 pounds, my hair has turned quite gray, I have developed high blood pressure for the first time in my life, I can't sleep, I am up pacing much of every night. I have no appetite. I have almost become a hermit because I find it hard to be with people recently. Even though everyone in my family thinks my daughter needs serious help we are still caught in this nightmare which is compounded by a lawsuit. It is as though her therapist has turned what at one time, not too long ago, was love, into hate. In a letter she wrote, 'If dad died, I wouldn't even go to his funeral, except to spit on his ugly, old, wrinkled corpse.' It is hard to live with statements

like that, when they come from someone that you have raised, nurtured, did everything that you could for. Sometimes I get up in the morning and wonder why the hell I should even bother. What can be good in the day ahead that can override the hell that I am going through in my mind during every conscious moment?

Why would someone believe these memories if they were not true?

When you first remember your abuse or acknowledge its effects, you may feel tremendous relief. Finally there is a reason for your problems. There is someone, and something to blame.

p.173, Courage to Heal, Bass and Davis

home by my son's PTA Auction. Suddenly I noticed that for only \$50, I can purchase through my son's school now, the services of a hypnotherapist. I called her up, asking what I might get for my fifty bucks and it's a lot. She will take me into my past lives, where I will identify people who have abused me; I can then rid myself of these people, as they have reappeared in my present life. I will learn how I chose my gender, how to become successful in my chosen or another career, and how to rid myself of blocks. Half-kidding, I said, 'I just read an ad in a magazine which offered to certify me as a hypnotist after only one weekend of training.' She responded that she had had four weekends

of training; eight whole days instead of just two, and that she had personally gone beyond that by attending many workshops. "Although," she added," I know a lot of people who started right up after the four weekends and are doing very well." The \$50 is only the beginning; it really takes at least three hours at \$50 an hour to get going, after which I should anticipate 6-7 three hour

sessions to really get into it. All this in my small, bucolic, New England town."

One of the problems I have with the concept of mental illness is that if suggestion is as universal and pervasive and as strong as the theory of implicit memory suggests, then dealing with a person as if he or she is 'mentally ill' may mean that we begin to see iatrogenic illnesses. In this regard, I am interested in how quickly the retractors start to turn around as soon as they begin to reject their identity as mental patients and to rely upon the truth of their own experience.

I think that 'mental illness' does not have to do with an 'unconscious' in the sense that the client is blacked out and totally unaware. I think it does have to do with the acquisition of HABITS of thought and interaction which may become so automated (and reactive) that we have lost the connection between the inciting incident/s and the reactions we have now.

A Mom

While I am thrilled to hear that the 'tide' has turned for many families, there are still many of us who have absolutely no contact with the FMS victim and grow more

and more hopeless every day. While my brother and I used to write often, I have not heard from him since last March."

Waves of Emotion

Time alone brings the tide in crashing, beating on my mind and drowning my soul.

First anger, then shock and disbelief.

Next, sorrow and tears - as if he were no more.

Trapped in an ocean, often rippling and unexpected.

One moment is calm while the next is stormy.

How dare he ignore me! as if he is in control, then

A Dad

This week I was glancing idly through a booklet sent

shock that this could happen to someone like him.

As the tide washes the sand away, I know I'm loosing him.

Memories of our closeness seem to sift away to the unknown.

For moments at a time, I feel hardened to it all.

For my parents in more pain than I, I graciously accept this loss.

A sense of urgency then splashes on me without warning, The water is becoming glass and I can no longer see inside,

I feel panic and continue to reach toward him.

knowing I must fight my own despair.

With greater force each day, the currents pull at my heart. I struggle to breath, I struggle to free myself.

Is he letting go or am I letting him go? Is there a right thing to do?

Waves of emotion inside of me yield their own speechless reality,

as I know this tide will be rough and forever changing. I can only search to keep my own peace and hope that his will come with time.

A Sister

Re: Multiple Personality Disorder (MPD)

"Do you believe in MPD?" is a legitimate question, and I fear you have not understood it. At least, on page 10 of your November, 1993 Newsletter you state "we do not nor have we ever questioned the reality of MPD," but the following sentence makes it clear that you are referring only to the symptoms.

As you will be aware, the diagnostic and statistical manual of the American Psychiatric Association grants "status" to a collection of symptoms, under the term "Disorder." The question, "Do you believe in MPD?" really means do you feel that this collection of symptoms is in fact a separate disorder, distinct from other psychiatric disorders, with its own prognosis and treatment requirements.

In the light of this, I think you do "question the reality of MPD." At least, I hope you do?

A.C. Carr, M.D.

Dr. Carr is correct. It is the symptoms of MPD that we do not question. We leave the issue of whether the collection of symptoms is in fact a separate disorder to professionals and professional organizations. In the case of False Memory Syndrome, we also have recognized a collection of symptoms. Whether this is something professionals will ever consider a separate disorder is not clear.

WHERE DO 5,757 FAMILIES LIVE? DEC 3, '93 not including

1,676 Potential families and 94 retractor Families

A 12 /1 1)	AT (20)	A D (10)	AT (170)	O 4 (000)
AK (11)	AL (20)	AR (19)	AZ (176)	CA (893)
CO (102)	CT (56)	DE (20)	FL (251)	GA (63)
HI (10)	IA (45)	ID (32)	IL (241)	IN (64)
KS (52)	KY (23)	LA (22)	MA (138)	MD (93)
ME (28)	MI (178)	MN (160)	MO (106)	MS (7)
MT (33)	NC (75)	ND (7)	NE (27)	NH (26)
NJ (132)	NM (39)	NV (22)	NY (256)	OH (224)
OK (54)	OR (141)	PA (289)	RI (17)	SC (27)
SD (14)	TN (42)	TX (222)	UT (168)	VA (86)
VT (24)	WA (259)	WI (167)	WV (13)	WY (11)
DC (8)	VI (3)	PR (1)	Canada:	AB (19)
BC (65)	MB (40)	NS (11)	ON (163)	PQ (8)
SK (7) Australia (9) France (2) Germany(2) Ireland (1)				
Israel (2) Netherlands (1) NZ (1) S. Africa (1) UK (230)				
Each family represents many people.				

A Survivor Who Never Forgot

Recently I attended a seminar given False Memory Syndrome, while there, I related a personal experience I had with a therapist. At the end of the seminar, a man asked if I would write to you about it. At first, I wasn't sure, but I have given it some thought and after realizing who you are and what you're trying to do, I am happy to share this with you. Please feel free to use this anyway you see fit.

"I am 45 years old. I am a survivor of incest and systematic torture, not to mention gross neglect and

emotional abuse. All my memories are intact. I remember them from the time the events took place till presently. My

abusers were not Satan worshipers. I never forgot.

When I was 24, I had many problems (as you can imagine) and I found a psychiatrist who helped me get my head together and through the years, we worked out my problems. I became very interested in mental health and got some education and training and am presently employed by a non-profit agency dedicated to helping people who are mentally ill. I've been doing this for the last 10 years. I work as a counselor in community support.

I have many friends who know I do this and many talk to me about their problems. They also tell me about their

friends' problems.

About 1 1/2 years ago, I first heard of people going to therapists and being diagnosed with MPD and accusing various people of cult abuse. I didn't think I knew anyone with this problem but it seemed rather odd to me. Also 3 years ago, my sister called me and told me of an incest survivor group in her area who used a book called "Courage to Heal" as a "Bible" for the group. She was thinking of getting involved and asked if I had heard of this book. I hadn't. I purchased the book and by the time I got to page 93, I couldn't stand to read another page. It was the biggest piece of trash I've ever read. It mead me angry to think think that two underqualified women were passing themselves off as experts and getting rich on the misery of incest victims. I told my sister of my feelings and she declined the group.

Late this spring, a young man called to talk about some flashes of thought he was having. By this time I heard many stories of different people who say they found out they were ritually abused. We talked at length and he told me of a mutual friend who was seeing a therapist in NY and how he was helping her to see she was a victim of ritual abuse at the hands of family members. This is the same therapist the others went to. It happens I know the young woman's family (our mutual friend) and there is no way her

family could be involved in anything like this! I didn't want to invalidate her feelings but I felt I must get to the bottom of this.

I made an appointment with the therapist myself. I didn't tell him I worked in mental health, but that I was a survivor of incest and brutality. I decided to focus on a real nightmare I had as a child and see where he would go with it.

What an amazing experience! After 1 1/2 hours he told me I had MPD. Even one of my alternate personalities came out while he was talking to me and my parents were Satan worshipers and I had been gang raped by the cult. When I refuted this he told me I was in denial and would not be whole again until I remembered all these things and worked through them. He also said that was the reason I was so overweight. he told me that inside me there was a lovely 4 1/2 year old girl waiting to grow up and become the very best person she could be!

Had I not had my education and training, I could have bought into nonsense. It bothers me to think what these people are doing to their clients and their families.

He didn't hypnotize me. But he "walked" me through my dream pushing and prodding until I actually saw weird pictures in my mind. I realize what he did was coach my imagination and then label the fantasy a memory. How frightening to think how much of this going on around the world.

If in anyway I can be of service to you, please feel free to contact me. I wish you the best in your work.

Survivor

Believers in the false memory syndrome do not believe that false memories sprout up from nothing, but that seeds are planted in fertile minds by one or more of the following: cultural myths, misleading literature, charismatic speakers, peer group influence, custody battle pressure, police interrogation, or misguided therapists. Therefore, a more appropriate term would be "suggested memory syndrome" or, when misguided therapists are the source, "iatrogenic memory syndrome." These terms, by indicating the outside instigation of false memories, avoid moral condemnation, whereas "false memory syndrome" inadvertently labels the carrier as being the originator of falsehoods.

If you've been falsely accused by your child, the last thing you want to do is label your child in such a way as to promote an adversarial relationship. Yet that is what you do when you label your child as having a "false memory syndrome," which sounds to your child like you're calling them an originator of falsehoods. If instead you were to say they have a "suggested memory syndrome" or an "iatrogenic memory syndrome," then you and your child are on the same side, against the outside source or person that planted the seed of the false memories.

I'm not saying that a name change would be a panacea. In the short run, it might not make any difference. But it would plant a seed for reconciliation.

Another thing that antagonizes potential allies of the FMSF is that a few vocal members make alienating pronouncements. In particular, while having little or no indepth nonforensic experience with multiple personality disorder, they say derogatory things about it. This antagonizes all the good therapists of bona fide multiple personality who would like only too well to rid their field of the small number of misguided therapists who hurt the reputation of multiple personality. If the good therapists of multiple personality did not get the impression that FMSF throws the baby out with the bath water when it comes to multiple personality, they would be natural allies. Likewise, there are many real abuse survivors who would be natural allies against false survivor stories, if only FMSF did not have such an anti-survivor aura, however inadvertent and understandable it may be.

Kenneth A. Nakdimen, M.D.

The August 30th newsletter just arrived with news of change! The day before, one of our daughters spoke to her father on the telephone for 15 minutes after two years of refusing to have anything to do with him. She had phoned the house - just that is a big change - to make a supper date with me. I was out and my husband took the opportunity to try to chat with her about ordinary non personal things, and it worked. She even asked him about the garden -- something they both used to work on.

A Mom

My prayers have been answered! My son no longer believes we sexually abused him. He arrived unannounced last evening. We talked for three hours.

However he is very confused and full of mixed feelings. His anger and outrage at us are still there and also toward others. It seems he was taught to hate. It will take a long time, as you know, but it's a start.

A Mom

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'Recovered' Memory's Real Victims



Most traumas are literally unforgettable. Why would only sexual abuse be buried, for recovery years later?

By JOHN HOCHMAN

man in Philadelphia says that two priests molested him numerous times in the mid-1970s, when he was a high-school seminarian. Now, in 1993, he sues for \$10 million. Because one of the accused priests went on to become Chicago's cardinal, the story is national news.

The claim of molestation by 34-year-old Steven Cook comes years after the alleged events because, he says, he lost all memory of the acts shortly after each occurred, and only in 1992 did he "recover" the "memories" that are the grounds for his lawsuit.

Cook's charges are similar to recent claims of childhood sexual victimization by roughly 10,000 adults in America. These claimants (mostly women) almost always say that the "perpetrators"

were trusted adult figures, very often their own fathers. They further claim that they lost all memory for each and every molestation shortly after each event occurred. Such claims were almost unheard of five years ago. And almost everyone complaining is white, as opposed to Latino, black or Asian American. What's going on here?

Welcome to the strange world of memory recovery therapy. This is a pseudoscience based on the notion that tens of thousands of Americans were repeatedly molested as children and don't know it.

People involved in memory recovery therapy have been convinced by misguided self-help books or therapists that they are "survivors" of totally forgotten sexual crimes. They are told that their eating or sexual or marital problems will clear up once the "lost memories" are found. The real message being sold by these new therapy messiahs is the ultimate crybaby solution to everyone's

pitiful human problems: It's all someone else's fault.

Not quite. Here are the facts:

 Memories of emotionally charged events are among the least forgettable memories we have. Consider the "Vietnam syndrome" where ex-GIs are still haunted by unwanted "flashbacks" of combat expe-

riences that intrude into their daily thoughts. Similar symptoms occur in individuals months after experiencing horrible accidents or crime victimization.

• Barring flood, fire and electromagnetic disruptions, computer disks retain

HOW MUCH
ABUSE
CAN YOU AFFORD
TO REMEMBER?

STRAND HEMORY OF
ABUSE BY
ABUSE

SIGNE WILKINSON, Philadelphia Daily News

all the data you enter, and videotapes keep all the TV programs and birthday parties you recorded. But the human brain forgets most of what it experiences—for good.

• Sexual molestations of children do occur, but so do other overwhelming experiences, such as witnessing fathers beating up mothers, or seeing family members killed, or having a broken bone set without sufficient anesthesia. These horrible events in childhood become literally unforgettable. However, people undergoing memory recovery therapy seem to only talk about sexual abuse.

• Even accurate memories fade or aiter with time, more than we think. Often people's absolute convictions that their memories are accurate have failed to stand up to scientific scrutiny. Subjects in laboratory studies can be coached into distortion of memories without their realizing it, and even children can be taught to believe that

they underwent distressing events that never occurred.

While there are a few well-trained psychiatrists and psychologists who subscribe to the notion of recovered memory, many of the "experts" promoting these treatments are counselors with a master's degree or less, who were never required to scientifically study memory as part of their training. In fact, the most popular self-help book pushing these ideas (with sales of more than 1 million) was written by two women with no formal training in memory, psychology or psychiatry.

People who sincerely believe that hidden memories are making them sick understandably want to get better, and

rapidly gain conviction that their "recovered memories" are true. Unfortunately, the results, whether obtained through "meditation," dream interpretation, hypnosis or "truth serum," are likely to be visions that seem to be memories but never in fact occurred.

And there is more. Many memory therapists urge their patients to believe that their "recovered memories" are the only proof needed that long-trusted friends and family are actually perverts and perpetrators, never to

be trusted again.

One interesting wrinkle is the trend to sue the "perpetrator" in order to aid the "victim" in "healing" and to "educate society." And you can, according to this theory, ignore the "perpetrator's" side of the story since all of them are "in dental" and won't tell the truth, anyway. And if anyone tells you that you might be having "false memories" don't talk to them either, because they are hindering your "recovery."

People desperate for "recovery" are finding "proof" of "forgotten" crimes in therapists' offices and in the revival-like atmosphere of "survivor support groups." But in order for Steven Cook to get \$10 million, the courts will have to decide whether he is a victim of pedophilic priests or whether the priests are victims of "recovered memories."

John Hochman is a forensic psychiatrist in Encino with a special interest in therapy cults.

FMSF MEETINGS JANUARY

FAMILIES & PROFESSIONALS WORKING TOGETHER

Please note: In order to list your February meeting notice in the January newsletter, please observe the early deadline-Wednesday, December 22, 1993. Mail or fax your announcement to Nancy's attention. Thank you... and Happy Holidays!

MIDWEST REGIONAL MEETING May 21-22, 1994

Michigan State University LANSING, MI

APA

American Psychiatric Association ANNUAL MEETING

Doubletree Hotel
PHILADELPHIA, PA
Wednesday, May 25, 1994
2-5:00 pm Seminar Speakers:
Drs. Green, Lief,
McHugh, Singer

WEST COAST

CALIFORNIA*

RANCHO CUCAMONGA GROUP Upland - 1st Monday, 7:30 pm Call Marilyn (909) 985-7980

NORTH COUNTY ESCONDIDO Contact Joe or Marlene (619) 745-5518

CENTRAL COAST MEETING Call Carole (805) 967-8058

VALENCIA

NOTE: NO DECEMBER MEETING 4th Sat. each month - 10 am Call Jane/Mark (805) 947-4376

NORTHWEST

IDAHO Saturday, January 8, 1994 Call Richard (208) 357-7194 for details

SOUTHWEST

ARIZONA

TEMPE

Saturday, January 29, 1994 9 am -4:30 pm

Embassy Suites Hotel
FMS - Understanding the Crisis
Paul Simpson, Ph.D, Eric Nelson,
& an AZ retractor and her mother
RSVP Barbara (602) 924-0975
by Monday, January 24th

COLORADO

DENVER

4th Sat. monthly - 1:00 pm Cherry Creek Branch, Denver Public Library 3rd & Milwaukee Contact Roy (303) 221-4816

CENTRAL TEXAS

Call Nancy or Jim (512) 478-8395

MIDWEST

KANSANS & MISSOURIANS

KANSAS CITY

2nd Sunday each month "Help educate professionals" Contact Pat (913) 238-2447 or Jan (816) 276-8964

KENTUCKY

Lexington Dixie (606) 356-9309

MICHIGAN

GRAND RAPIDS AREA - Jenison 2nd Monday each month Call Catharine (606) 363-1354

MINNESOTA January 15, 1994

For time and location, contact Terry/Collette (507) 642-3630

OHIO

CINCINNATI AREA Contact Bob (502) 957-2378

NORTHEAST

PHILADELPHIA

SO. JERSEY & DELAWARE Sat., Jan. 15, 1994 - 1-5:00 pm Valley Forge Hilton King of Prussia, PA Call Jim or Jo (215) 783-0396

Call Jim or Jo (215) /83-0396 for information & details

MAINE

FREEPORT 3rd Sun. monthly - 1:30 pm call Wally (207) 865-4044

FMSF NOTICES

MICHIGAN

Michigan Information Newsletter P O Box 15044, Ann Arbor, MI 48106 (313) 461-6213 Meeting notices & state-related topics appear in this newsletter.

WISCONSIN

Attention Wisconsin! To participate in a phone tree, call Katie/Leo (404) 476-0285

CANADA

BRITISH COLUMBIA

Vancouver and Mainland For information, call Ruth (604) 925-1539

VICTORIA & VANCOUVER ISLAND 3rd Tues. monthly - 7:30 pm Contact John (604) 721-3219

MANITOBA

WINNIPEG 1st Sunday each month Call Joan (204) 257-9444

ONTARIO

TORONTO Call Pat (416) 445-1995

UNITED KINGDOM AFFILIATED GROUP

Adult Children Accusing Parents Parents with relatives in the UK contact Roger Scotford at ACAP on (0) 225 868682

AUSTRALIA

Group forming. Contact FMSF office. Do you have access to e-mail? Send a message to pjf@cis.upenn.edu

if you want to receive notices of radio and television broadcasts about FMS. All the message need say is "add to the FMS list". It would be useful, but not necessary, if you add your full name (all addresses and names will remain strictly confidential). The list is not a "bulletin board". Its only use is to send occasional notices of broadcasts.

We are proud to report that Dr. Paul McHugh's article Psychiatric Misadventures, has been chosn to appear in Best American Essays of '93, published by Norton. Dr. McHugh has been on our board of advisors from the very beginning.

VIDEO TAPES AVAILABLE

FROM ONE DAUGHTER TO ANOTHER

Tape formed from life experience of Janet Puhr. The approach is designed to lead a daughter down a situational path of reality in the hope that this will bring the daughter back into the light on heart to heart journey back home to love and good times. 50 min. Cost \$30 (includes shipping. For 2-say express add \$3.) Make checks payable to: Janet Puhr, PO. Box 293, Chicago Ridge, IL. 60415. Enclose name, address and phone number.

ADULTS BELATED ACCUSATIONSOF CHILD SEXUAL ABUSE by Richard A. Gardner, M.D.

Seventy-five minute recording of a presentation to the FMSF in New York City on Sept. 19, 1993. Describes Dr. Gardner's views of the factors which have brought about the sex-abuse hysteria which we have been witnessing in the US since the early 1980's. Valuable to therapists, fawyers and those in a position to help families. To order, 800-544-6162. In NJ call 201-567-7295 or FAX 201-567-8956. Cost \$15 (NJ residents add 6% sales tax--\$.90/tape) plus \$2 postage & handling or write to Creative Therapetics, Inc., P O BOX 522, Cresskill, NJ 07626-0317.

Criminal Lawyers' Association Conference The Abuse and Misuse of Science: Recovered Memories

November 5-7, 1993 Toronto Contact Alan D. Gold, Barrister, 20 Adelaid Street East, Suite 210, Toronto, On M5C 2T6, 416-368-1726,fax:416-368-6811

To Appear Soon

- -Seligman, M. What You Can Change and What You Can't, Knopf, 1993
- McHugh, P. "Psychotherapy Awry," American Scholar, Winter, 1994.

The FMSF Newsletter is published 10 times a year by the False Memory Syndrome Foundation. A subscription is included in membership fees. Others may subscribe by sending a check or money order, payable to FMS Foundation, to the address below. 1993 subscription rates: USA: 1 year \$20, Student \$10; Canada: 1 year \$25; (in U.S. dollars); Foreign: 1 year \$35. Single issue price: \$3

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Pamela Freyd, Ph.D., Executive Director

4SF Scientific and Professional Advisory Roa

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